

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 09/15/01 through 01/19/02.
- b. The request was received on 06/10/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC-66
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Peer Review dated 09/14/01
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/24/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/25/02. The response from the insurance carrier was received in the Division on 08/07/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/15/02
“I HAD NEVER RECEIVED A COPY OF PEER REVIEW REPORT FROM INSURANCE CO. (CARRIER) THAT INDICATED (CLAIMANT)’S MEDICATIONS ARE IN DISPUTE...I HAD DONE A SERVICE TO INSURANCE CO. (CARRIER), THEREFORE (PROVIDER) SHOULD GET PAID IN FULL, PLUS INTEREST AND THE FEE OF HER MEDICAL RECORDS (ATTACHMENT ONE). ALL (PROVIDER)’S CLAIM FOLLOW THE TWCC’S PHARMACEUTICAL FEE GUIDELINE.”
2. Respondent: letter dated 08/06/02
“The Division has identified this dispute as a medical fee dispute. Carrier asserts that this is a medical necessity dispute. ____ reviewed the documentation and determined that Claimant’s diagnosis included a paraspinal muscle strain. Given the diagnosis, ____ stated that Claimant’s condition should have resolved within four to six weeks. Claimant’s date of injury is _____. ____ stated that medical treatment for Claimant’s compensable injury is not reasonable or necessary beyond this four to six week period....Therefore, Carrier asserts that the pharmaceuticals prescribed to Claimant are not medically reasonable or necessary.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is are 09/15/02/ through 01/19/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$2,204.10; the amount paid is \$0.00; the amount in dispute is \$2,204.10.
3. The carrier EOBs include no exception codes.
- 4 The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/15/01 09/29/01 10/20/01 11/03/01 11/17/01 12/08/01 01/19/01	J8499 for all DOS	\$2,204.10	\$0.00 for all DOS	None	TWCC Formula	MFG Pharmacy Fee Guidelines; Rule 133.307 (e) (1) (A); Rule 133.307 (f) (3);	Rule 133.307 (e) (1) (A) states, "All provider and carrier requests for medical dispute resolution shall be made in the form, format, and manner prescribed by the commission....Each initial request shall be legible, include only a single copy of each document, and shall include: (A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with § 133.304;..." The provider failed to submit TWCC-66 forms clearly marked "with the statement REQUEST FOR RECONSIDERATION" per Rule 133.304 (k) (1) (A). In accordance with Rule 133.307 (f) (3), the provider failed to submit an EOB for dos 01/19/02. The provider's Table of Disputed Services listed a date of service as "1-9-02". Rule 133.307 (e) (1) (C) states. "a table listing the specific disputed health care and charges in the form, format, and manner prescribed by the commission" shall be included with the initial request for medical dispute. The provider failed to meet the criteria of the aforementioned rules. No reimbursement is recommended.
Totals		\$2,204.10	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 14th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

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